



EQUIPMENT REPORT

Attach as used – **CREW CHANGE CONTROL FORM**
– **LOST/DAMAGED EQUIPMENT NOTICE**

Request # M

Mission #

Event Name:

Time unit will post from submitted **EMERGENCY EQUIPMENT SHIFT TICKETS**

Federal ID Number

page ____ of ____ pages

Agency Phone _____

Fire Agency _____

Fire District # _____

Mailing Address

City

Zip

Equipment Type (circle one)	Pump Rate	Tank Size	4 x 4 (Yes or No)
Structural Engine			
Wildland Engine			
Tender			
Command Vehicle			

Agency ID: _____

License #: _____

Driver: _____

Describe

Self Sustaining Command Center	
Other	

Additional Information: _____

TIME UNIT USE THIS SECTION

MONTH	DATE	WK DAY	Time ON	Time OFF	HOURS or MILES	Compensable Activity (Travel, Fireline, Staging, etc)	Used Foam YES/NO	Rate	Amount
Total						Page Total			
						Deductions This Page (attach documentation)			
						Previous Page Total			
						Total Compensable Amount			

I certify under penalty of perjury under the laws of the state of Washington that this equipment has served the number of hours/miles shown above.

Agency Representative Signature

Date & Request Number

Time Unit Signature

Date

Home Agency & Request Number

Agency Authorized Signature

Date

Printed Name and Title

Washington State Fire Services Resource Mobilization Plan

4 Part Form **MOBE 6** Effective 5/99

WSP Emergency Mobilization Section, PO Box 42600, Olympia, WA 98504-2600

fax (360) 753 – 0398

DO NOT USE PREVIOUS VERSIONS

MOBILIZATION EQUIPMENT REPORT